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## \*BIBDATASHEET\*

CONFIRMATION NO. 4495

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/010,410	<b>FILING OR 371(c) DATE</b> 12/05/2001 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> LMND.P116
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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/251,756 12/05/2000  
 and claims benefit of 60/255,729 12/14/2000  
 and claims benefit of 60/263,350 01/22/2001  
 and claims benefit of 60/263,397 01/22/2001  
 and claims benefit of 60/263,579 01/22/2001  
 and claims benefit of 60/263,580 01/22/2001  
 and claims benefit of 60/263,589 01/22/2001  
 and claims benefit of 60/268,263 02/12/2001  
 and claims benefit of 60/301,537 06/27/2001  
 and claims benefit of 60/329,936 10/17/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/17/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 65	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

53186

## TITLE

CATHETER SYSTEM FOR VASCULAR RE-ENTRY FROM A SUB-INTIMAL SPACE

☐ All Fees☐ 1.16 Fees ( Filing )

<b>FILING FEE RECEIVED</b> 2266	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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